



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

DISABILITY COMPENSATION DIVISION
AND
LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

REQUEST FOR APPROVAL OF ATTORNEY'S FEE

Notice is hereby given to the Director of Labor and Industrial Relations and/or the Labor and Industrial Relations Appeals Board that the undersigned performed services as counsel for claimant(s):

DCD Case No.: _____ AB Case No.: _____

Attached is a statement itemizing the services provided for claimant(s), the time spent on each service (rounded to the nearest one-tenth of an hour), and the costs advanced. Also attached are receipts documenting the costs advanced.

The itemized statement is summarized below:

DCD Hourly Rate: \$ _____	DCD	Appeals Board
LAB Hourly Rate: \$ _____	Total Hours: _____	_____
	Fee Requested: \$ _____	\$ _____
	Costs Requested: \$ _____	\$ _____

Fees and Costs totaling \$ _____ is sought for the foregoing services, and approval thereof is hereby requested in accordance with Chapter 386, Hawaii Revised Statutes. This request was served upon _____ on _____ as required pursuant to § 12-47-55 of the Appeals Board's Rules and/or § 12-10-69 of the Disability Compensation Division's Rule. Any Party may file a written objection to this request for approval no later than **ten calendar days** after service.

Signature: _____ Name (print): _____
Date: _____ Mailing Address: _____

The sum of \$ _____ is approved. The approved sum _____ made a lien upon compensation
(is/is not)
payable by Employer. Claimant _____ otherwise responsible for payment of the approved amount.
(is/is not)

APPROVED BY DISABILITY
COMPENSATION DIVISION:

APPROVED BY APPEALS BOARD:

WALTER B. KAWAMURA, Administrator

ROLAND Q.F. THOM, Chair

MELANIE S. MATSUI, Member

DATE: _____
DC/AB 1 (REV. 07/2010)

DAVID A. PENDLETON, Member